

Print in CAPITAL letters using black ink. Leave lines blank that do not apply.

	and the second s	n enighte and the one	ICIAL USE ONLY	
	if: Filing an amended return. See if: Filing for a deceased taxpayer.	page 3.	ndor ID#1234	
YOUR social security number (SSN)	Spouse's/registered domestic partner's SSN		one number	
400007303		200123 200123 200123 200123	The second secon	
그 K Your first name	M.I. Last name			
မ္မ Your first name S RETIRED	I EARNER			
Spouse's/registered domestic partner's first in the street and apartment of the street	name M.I. Last name			
	AND THE METACON PORT OF THE STATE OF THE STA	erte englikk keskin nade arfyddiair 17. LETH Ellin (1891) d		carrier, car, All
Home address (number, street and apartmer	nt number if applicable)			
222 MONEY STREET	Сесть ставляем престает стото по принядающей денейней производительной изменей изменей подавления и денейний в	Apprenatuogapettan andare saturatan a danatat i	ountenancementalisti Maa 1952 ja	
Od City		7551 8752	de ++4	
" WASHINGTON	Orang sampan sampan ng agamat magamat na ngapasanang agamat kan ngapasan na kang na kang na kang ngapasan ng m	DC 200	24	
Filing status	Married filing jointly, Married fili	ng separately, Depe	endent claimed by someone o	else
1 Fill in only one: Married	filing separately on same return. Enter combin	ned amounts for Lines 4–42	2. See Instructions, page 5.	
Register	red domestic partners filing jointly or 🔝 📑 fili	ng separately on same reti	ırn	
	f household <i>Enter qualifying dependent and/or</i>			
	ar resident in DC from (month) to	P. V. Franklich der dem	na angada sa	See page 18.
● Complete your fe <u>Income Information</u>	ederal return first – Enter your depend	lents' information on o nearest dollar. If zero, <u>leav</u>		
			00	
a Wages, salaries, unemployment see instructions, page 19.		n na a 1800 mar 177 mar na a 1800 mar 1	00	
D Business income or loss, see inst		milione com incompres i recombinate por recombinente del describio de recombinate del del del del del del del d		
C Capital gain (or loss).	Fill in if loss C		Tribe i in 1961 (1961) Tribe i in 1961 (1961) Tribe i in 1961 (1961)	
d Rental real estate, royalties, pa	artnerships, etc Fill in If loss 🔑 d	la propre program come operator presenta de la come e e e e e e e e e e e e e e e e e e	00	
Computation of DC Gross and Ad	Justed Gross Income			
3 Federal adjusted gross income.	-ni	in if loss (C. 3		00
	s Sch NEC, Line 13; 1040NR-EZ, Line 10			
Additions to DC Income				<b>Ο</b> (
4 Franchise tax deducted on fede	eral forms, see instructions.	4	andrinian ministr. (sortiet exchanger a nord.) Yoghanne exchiser	00
5 Other additions from DC Scheo	Jule I, Calculation A, Line 8.	5 (0)	Language and the control of the cont	00
6 Add Lines 3, 4 and 5.	Section 1.	in if loss 6		00
Subtractions from DC Income	2			
7 Part year residents, enter incor	me received during period of nonresidenc	e, see pg 20. 7		<u></u> 00
8 Taxable refunds, credits or offs	ets of state and local income tax.	8 %		00
9 Taxable amount of social secur	rity and tier 1 railroad retirement	9	CAMPA, PERIORATINA INNOCENSE SIGNAL ESTADA PARTICIPA ESTADA ESTA	.00
Forms 1040, Line 20b or 1040A, Lin	ie 14b.			00
	s year on a DC franchise or fiduciary retu			
<ul> <li>SANDAR CONST. IN CONTROL SANDAR AND SANDAR AND CONTROL CONTROL</li></ul>	nsion and annuity limited exclusion, see $p$			3000 00
Fill in figure 62 or olde	r if your spouse/domestic partner is 62			
12 DC and federal government su	rvivor benefits, see page 20.	-12 *	nen anno anno mengana mangganang ana angganan mengganak ara- ara	.00
13. Other subtractions from DC Sc	hedule I, Calculation B, Line 16.	13	and the residence of the section of the residence of the residence of the section	00
14 Total subtractions from DC inc	ome, <i>Lines 7-13.</i>	14	ga para arentana arandekkanna makana manekanna arentana arentakanna arentak	. 00
15 DC adjusted gross income, Line	6 minus Line 14. Fil	l in if loss 15		<b>300</b> 0 00
Revised 09/2011	2011 D-40 P1			

Revised 09/2011

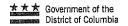
Individual Income Tax Return page 1

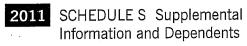


Enter your last name. EARNER

5-to-vious 95N 400007303

Enter your SSN. 40000 7 303	Communication of the second second				
16 Deduction type. Take the same type as you took on you.  Standard or Itemized See page 20 fo.					
17 DC deduction amount. Do not copy from federal return	entre della serie di la compania della		17	4000	00
17a RESERVED	.00	10			
18 Number of exemptions. If more than 1 (more than 2 spouse/domestic partner are over 65 or blind, attach a c	if filing jointly), or if you ompleted Calculation G	or your 18 3, Schedule S.			
19 Exemption amount. Multiply \$1,675 by number on lin			page 19. 19	3350	00
20 Add Lines 17 and 19.			20	7350	00
21 DC taxable income. Subtract Line 20 from Line 15. El	nter result.	Fill ir	if loss • 21	4350	00
DC tax, credits and payments					
22 Tax. If Line 21 is \$100,000 or less, use tax tables on page			22	0	.00
Fill in if filing separately on same return. <i>Cor</i>	nplete Calculation J on S		ter result:> 23		00
23 Credit for child and dependent care expenses From Line 9 of fed. Form 2441; from Line 5, DC Form D-244	1, if part-year DC residei	.00 X .32 En nt. □	ter result > . 40	EFIGE BOSSES NSGAR ELECTRICES CARD	
24 Non-refundable credits from DC Schedule U, Pa			24	e de la companya del la companya de	:00
25 DC Low Income Credit. See table on page 11. Take e		28 credit – not both.	25	e arang ganggi yang kepana wa man safari marang gantang kepanang dan ara isa. Mang kepanggan samalah dan panggan kepanan kepanan kepanan kepanan kepanan kepanan kepanan kepanan kepanan kep	00
25a Enter the number of exemptions claimed on you	ir federal return.	- 25a			$\alpha \alpha$
26 Total non-refundable credits. Add Lines 23, 24 and			26 .	. 0	
27 Total tax. Subtract Line 26 from Line 22, If Line 22 is It			27	0	00
28 DC Earned Income Tax Credit, Enter your federa	I EIC.	.00 X .40 Ent	er result > 28		
28a Enter the number of qualified EITC children.		28a	29		00
29 Property Tax Credit. From your DC Schedule H; attach			30		00
30 : Refundable credits from DC Schedule U, Part 1		aule o.	31	0	THE RELIGION
31 DC income tax withheld shown on Forms W-2 and IC 32 2011 estimated income tax payments.	999 Augen diese ioliis.		32		00
33 Tax paid with extension of time to file or with or	iginal return if this i	s an amended retu			00
34. Total payments and refundable credits Add Lines			34		00
Refund — Complete if Line 34 is more than Line 27		Amount owed -	Complete if Line 34 is equal to or I	ess than Line 27	
35 Amount you overpaid 35	00	41 Tax due	41	AND THE RESERVE OF THE PROPERTY OF THE PROPERT	00
Subtract Line 27 from Line 34		Subtract Line 34 from			00
36 Amount to be applied 36	00	42 Contribution a from Sched. U, Part II,			00
to your 2012 estimated tax 37. Penalty See instructions 37.	00				
29 Defined and	00	43a Penalty	1801 00		
Lines 36 and 37 from Line 35		43b Interest	00		
39 Contribution amount, 39 39 from Sched. U, Part II, Une 6	00	En	ter.total P & I 43		00
Tions Scheur, in Till, Line G Can not exceed refund amt. on Line 38 Put additional amt. on Line 42		44 Total amount Add Lines 41–43	due 44	1801	00
40 Net refund 40	00				
Subtract Line 39 from Line 38					
Will the refund you requested go to an account	A Carte Cart	/esNo	See page 8.  enter bank routing and account num	hors. See nage 7	
Direct Deposit. To have your refund deposited to your checking  Routing Number	The first the second second	count Number	enter pank foating and account num	DOIS. OCCUPAÇÃO A	
			the name and phone number of that ,	nerson See instructions nage	8
Third party designee To authorize another person to discuss the Designee's name	IS TELUTI WITH OTA, IIII III		number	9	
		w knowledgo it to socie	Declaration of paid praparar is based a	in information available to the or	enarer
Signature Under penalties of law, I declare that I have examined this  Your signature	return and, to the best of fi		s signature	Date	
		Paid preparer's	PTIN Paid	preparer's phone number	parte e
Spouse's/domestic partner's signature if filling jointly or separately on s	ame return Date	P7777	Controller man term comment and controller to the control of the c	4) 659-1505	
The state of the s	2011 D-40 P2	humanana O Pila andre	Topics when is the many transition of the 1970.	•	
	Individual Income Tax Re	turn page 2 File order	4		





Unless instructed otherwise — If you fill in <u>any part</u> of this schedule, attach it to your D-40. Print in CAPITAL letters using black ink.

OFFICIAL USE ONLY Vendor ID#1234

Enter your social security number.

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Connection Is you have more than 8 days	endents, list them on an attachment.		
Dependents If you have more than 8 depe			
First name	M.I. Last Name		
Social security number	Relationship	Date of Birth (MMDDYYYY)	
an Tabuta da Santa Maraka and Araba and Araba and Araba da Araba da Araba da Araba da Araba da Araba da Araba - 1981 - 1988 - 1988 - 1988 - 1988 - 1988 - 1988 - 1988 - 1988 - 1988 - 1988 - 1988 - 1988 - 1988 - 1988 - 1988 - 198		5025 1 6 6 5 6 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	
First name	M.I. Last Name		
Social security number	Relationship	Date of Birth (MMDDYYYY)	
First name	M.L. Last Name		
Social security number	Relationship	Date of Birth (MMDDYYYY)	
			and Market Control (1997) and the control (19
First name	M.I. Last Name		
Philippening Control (Control	·	3.04.00 × 31.0	
Social security number	Relationship	Date of Birth (MMDDYYYY)	
First name	M.I., Last Name		
Social security number	Relationship	Date of Birth (MMDDYYYY)	
SOCIAL SCUARTY HATTISE.	HILL AND	HP AC A FIG. HIMS William Company to the control of the company of the control of the company of	
Tirst name	M.I. Last Name		
Social security number	Relationship	Date of Birth (MMDDYYYY)	
First name	M,I,: Last Name		
Social security number	Relationship	Date of Birth (MMDDYYYY)	
Social Security humber	i indictionality		
First name	M.I.: Last Name		
<u> AMARIAN TAN AMARIAN MARIAN PARAMBANAN MARIAN M</u>	We do not the second of the se	Transfer Transfer (Indiana)	
Social security number	Relationship	Date of Birth (MMDDYYYY)	
Head of household filers ssn of qualifying	ng non-dependent person Date of Birth of qualif	ying non-dependent person (MMDDYYYY)	
Do not enter your information			
First name of qualifying non-dependent person	M.I. Last Name		
		ratinadous eft. Como es o Managemento (y o La Communicado de arterio de esta cal	

2011 SCHEDULE S P1

Supplemental Information and Dependents

#### 400007303

i and have not fi	illed in any other section of Schedule S		
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		е.	
taali a setti aa a			
ly on same reti	urn and your spouse/partner is 65 or ove	r g	il 11 mmuulii
ly on same reti	urn and your spouse/partner is blind	h	
0, Line 18.		i	2
tic partners fil		internation	
	You Your spouse/di	omestic pari	
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	AND THE PROPERTY OF THE PROPER	***********	00
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. g. 19	rangan panggan panggan Ranggan Ranggan Panggan		00
19.	00 00 00		1954 House 1956 H
	bintly or filings ly on same ret 0, Line 18.  tic partners fi a  c d d	ly on same return and your spouse/partner is blind  0, Line 18  tic partners filing separately on the same DC return.  You Your spouse/d  a 00  5.  C 00  d 00	a b c c d d e sintly or filing separately on same return f, ly on same return and your spouse/partner is 65 or over g ly on same return and your spouse/partner is blind h 0, Line 18. tic partners filing separately on the same DC return.  You Your spouse/domestic pan a 00 5 c d 00 00 00 00

2011 SCHEDULE S P2 Supplemental Information and Dependents

k 's

File order 4

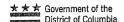
00 Total tax



Revised 09/2011

If more than \$100,000, use Calculation I, page 20.

k. Add the amounts on Line j, enter here and on D-40, Line 22.





# \*\*\* Government of the District of Columbia 2011 SCHEDULE H Homeowner and Renter Property Tax Credit

Important: Read eligibility requirements before completing.

Print in CAPITAL letters using black ink.				Vandar ID#1224	
Personal information Your social security number (SSN)	Fill in if you are:		-FICIAL USE ONLY nd or disabled	Vendor ID#1234	
400007303		Your daytime telephone i			
Your first name	M.I. Last	name			
andrina Maria de Regera (n. 1888). Herrik berik 1988 eta 1888 bilandaria (h. 1888).			- Ankanian - Ankania		ayraarikataa (C.C.
Spouse's/registered domestic partner's SSN	Fill in if spouse/regis	stered domestic partner is:	62 or older	Blind or disable	ed:
Spouse's/registered domestic partner's first nan	ne M.II. Last	name	adia, 20 see biilli daabasti	go arrandaran ertaaniges a saartiida	
Mailing address (number, street and apartment)					, (E)
Control of the Contro	THE COLUMN TWO IS NOT THE WAY				
		ANDROPARATE OF THE PROPERTY OF THE STATE OF T			
City		Sta	te Zip Code	<del>:</del> 4	
The second control of		\$1856 121-121		,	
Address of DC property (number, street and app	artment) for which you are cla	aiming the credit if different fron	n above		
ii waannee kan waa waa waa waa ka waa waa ka waa waa ka waa ka waa wa	yangan Bangan sanggan sa sanggan sa sanggan sa kanggan sanggan sa sanggan sa sanggan sa sanggan sa sanggan sa	sammen and the content and the	nga anakawa wa anaka	mensodan egeneral) Sincera amerika amerikan amerikan amerikan	
Annual Commence of the Commenc	endon, mondon sy sift herenefourten an italiasissi.		ana German walka mamanda su esta este este		000000000000000000000000000000000000000
Type of property for which you are claiming the	credit. Fill in only one:	House Apartment	Rooming ho	ouse	
• Complete Section A or Section B, v		t a house of worship or	Poun	d cents to the nearest do	llar
a non-profit organization.	January or government			amount is zero, <u>leave th</u>	
Section A <u>Credit claim based on re</u> 1 Total household gross income. From		\$20,000, do not claim this cr	edit. 1		.00
2 Rent paid on the property in 2011.		errorerorom trons abbito.	15 > 2	agentina (Processor April 1965) Prophyddyr yn ac chwr a daeth a rhaeth a thannau yr a'i Chwerniaeth (Chwerniaeth (Chwerniaeth)))))))))))))))))))	.00
If 15% of the rent paid amount is	more than the line 1 amou	unt do not claim the credit.			
3 Property tax credit. Use the worksheet			3		00
4 Rent supplements received in 2011			4/		.00
5 Property tax credit. Subtract Line 4 from	n Line 3, D-40 filers enter her	re and on Line 29 of D-40.	5		-00
6 Landlord's name					
Landlord's address (number and street)	(51511010000000000000000000000000000000			Apartme	ent number
Landiold's address (hibriber and street)		aggasjandamourus vers automberineut series seed •		akin a printrational parameter in the second se Second second se	
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City The Life of t		Landlord's telephone Stat	and the contract of the contra	<b>+4</b>	
eto Marchis II all'ale e e il distributo di mandriane di la companione di la companione di la companione di la	Andrewstern Co. St. Co		**************************************	60 A A M C C C C C C C C C C C C C C C C C	
			The Tay and the State of the st	cents to the nearest doll	fill a first constant and a contract of the co
Section B Credit claim based on re			delidziji zan	mount is zero, <u>leave the</u>	Der vicker an en
7 Total household gross income. Fron	THE CONTRACT OF STREET AND STREET OF	diama katan ing palawa	4,44,448832	A 200 W * M	00
8 DC real property tax paid by you o			8.		00
9 Property tax credit Use the workshe			9.0		00
10 Enter information from your real proper	Francisco Company Control of the Con		roperty tax bill, <u>le</u> :	ave It blank here.	
Square number	Suffix number	Lot number	ers an entraria se a militar constitu		
	2011 SCH	AFDULE H P1			A

Homeowner and Renter Property Tax Credit

Last name and SSN EARNER

## 400007303

If you are blind or disabled, you must have this certificate completed t	o claim the P	roperty Tax Credit. Fi	le it with your Schedu	le H.	
Physician's certification of blindness or disability.					
If a physician's certification of blindness or disability has been submare not needed.	itted previous	ly and the claimant	s condition is unchar	nged, additional cert	ifications
Claimant's first name	M.I. Last na	ime			
Claimant's social security number					
I certify that the above-named claimant (fill in all that apply):  is blind;  has a physical or mental impairment that is expected to last or	ntinuously fo	r 12 months or mo	a.		
was physically or mentally impaired on January 1, 2011.	ontinuousiy it	, 12 (10)(813-0) (10)	Y1		
Physician's first name	M.I. Last n	ame			
Physician's address (number and street)				Suite number	
City!		State	Zip Code +4	ense Number	
Physician's signature	Date	Where Licens	Eu	ense rumber	
Definitions					
Blind Central visual acuity that does not exceed 20/200 in the better with correcting lenses, or visual acuity that is greater than 20/2 but is accompanied by a limitation in the field of vision such the widest diameter of the visual field subtends an angle no greathan 20 degrees.	:00, that				
Disabled Unable to engage in any gainful activity due to a medically deternable physical or mental impairment which can be expected to for 12 months or more	nin- last				
Signature Under penalties of law, I declare that I have examined this Declaration of paid preparer is based on the information av			ige, it is true and correct		
Your signature Date	, i. Paid p	reparer's signature		Date	
Paid p	oreparer's Fede	al ID, SSN or PTIN	Paid preparer's t (614) 659	elephone number 9-1505	

2011 SCHEDULE H P2

Homeowner and Renter Property Tax Credit



Last name and SSN

**EARNER** 

#### 400007303

Total Household Gross Income — Report the total income of every member of your household, including income not subject to DC	tax.
This income does not include gifts from nongovernmental sources, food stamps or food and other relief in-kind supplied by a government	tal agency.
This income does not include gitts from hongovernmental sources, lood stamps of lood and other rener mixing supplied by a government	4800).
You Your spouse/dom. partner Other h	ousehold me
en la la la companya de la companya	00001,010 1,10

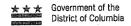
	You	Your spouse/dom. partner	Other household members
	\$	\$	\$
a Wages, salaries, tips, bonuses, commissions, fees and any compensation for personal services.	E B		
b Dividends and interest.	b		
C Lottery winnings.	C	and the second s	
d Trade or business income (or loss).	d		
e Taxable and nontaxable pensions and annuities.	::::::::::::::::::::::::::::::::::::::		
f Capital gain (or loss).	555   565		
g Alimony received.	Company and the second		
h Net rental and royalty income.	h		
l Social security and/or railroad retirement.		\$20)	
J Unemployment insurance and workers' compensation.	A CANADA A CANADA A CANADA A CANADA CANADA CANADA CANADA A CANADA CANA		
k Support money and public assistance grants.	K.		
Interest on U.S. obligations.	Section of the sectio		
m Disability income exclusion (from DC Form D-2440, Line 10).	m		10 10 10 10 10 10 10 10 10 10 10 10 10 1
Nontaxable portion of military compensation.			
O. Fellowship and scholarship awards and grants.	0		
p Life insurance proceeds.	P		
q Veteran's pension and disability payments.	i q		
r GI Bill benefits.	19 <b>5</b>		A CONTRACTOR OF THE PROPERTY O
s Income subject to unincorporated business franchise tax.		155	A SANGER AND
t Cash distributions from a business or investment.	L.	100 c c c c c c c c c c c c c c c c c c	
u. Other.	·		
V Total gross income. Add Lines a-u for each column.	V		
W Total household gross income. Add amounts entered on Line v.	W		
enter here and on Section A, Line 1 or Section B, Line 7.			

List names and social security numbers of other household members. If more than four, list on a separate sheet of paper and attach with this form.

#1	 	 	 	
#2		 	 	444
#3			 	
#4				

2011 SCHEDULE H WORKSHEET P3 Homeowner and Renter Property Tax Credit

Revised 09/2011



# 2011 SCHEDULE U Additional Miscellaneous Credits and Contributions

**Important:** Print in CAPITAL letters using black ink. Attach to D-40. **NOTE:** Contribution(s) will either decrease a refund or increase the tax owed by the amount of the contribution(s).

OFFICIAL USE ONLY
Vendor ID#1234

Enter your last name		Social Security Number	A CONTRACTOR OF THE STATE OF TH
EARNER		400007303	\$1 21.15 21.15
Part I Credits  a. Nonrefundable Credits			
DC Government Employee f     Dependents cannot claim this	irst-time DC homebuyer credit, see page 17. credit.	1	00
2 Enter state income tax cred	it. List additional states on a separate sheet, attacl (Enter total of <u>all</u> state tax credits on Line 3 belo	h it to this Schedule. ow.)	
State (a)	OO (b)		
State (c)	OO (a)	00	
3 Total of Line 2 state tax cre	dits and any additional tax credits from the atta	chments.	-00
4	TENERAL TENERAL	4	. 00
5 (1.15)	A STATE OF THE PARTY OF THE PAR	5	00
6 Total your nonrefundable cr	edits, enter here and on Form D-40, Line 24.	6	.00
b. Refundable Credits			
1 DC Non-custodial parent El	TC (see Schedule N).	1	00
2		2	00
3		3.	0.0
4 Total your refundable credit	s, enter here and on Form D-40, Line 30.	4	ÖÖ
Part II Contributions (The minimum	contribution is \$1.00.)		
	und.	1	00
2 Public Fund for Drug Prever	ntion and Children at Risk.	2	00
3 Anacostia River Cleanup a	nd Protection Fund.	3	00
4.		4	.00
5		5	.00
6 If due a refund, total your co	ntribution(s), enter here and on Form D-40, Line	39. 6	00
. 7 If you owe tax; total your co	ontribution(s), enter here and on Form D-40, Li	ne 42. 7	00

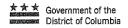
If you are not due a refund and do not owe additional tax, total your contribution(s) and enter on Form D-40, Line 42.

If you owe tax, make the payment plus any contribution(s), payable to the DC Treasurer and mail it with your return. Attach this schedule to your D-40 Return.

2011 SCHEDULE U

Additional Miscellaneous Credits and Contributions

•



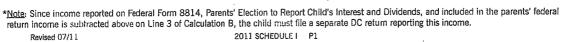
# 2011

## SCHEDULE I Additions to and Subtractions from Federal Adjusted Gross Income



Make entries using black ink. Attach to your D-40.

Last name Social Security Number		OFFICIAL USE ONLY Vendor ID#0000		
Calculation A Additions to federal adjusted gross income. Fill in only those that apply.	Dollars	s only, do not enter cent	ts	
1 Part-year DC resident – enter the portion of adjustments (from Line 36, Form 1040; Line 20, Form 1040A; or Line 34, 1040NR) that relate to the time you <u>resided outside</u> DC. For Lines 2 – 7 below include only the amounts related to the time you <u>resided in DC</u> .			00	
2 Income distributions eligible for income averaging on your federal tax return from federal Form 4972, Lines 6 and 8 Add Lines 6 and 8 and enter here.	2		00	
3 30% or 50% federal bonus depreciation and/or extra IRC \$179 expenses claimed on federal return	3		00	
4 Any part of a discrimination award subject to income averaging.	4		00	
5 Deductions for S Corporations from Schedule K-I, Form 1120 S.	5		00	
6 Other (see instructions on other side)	623		00	
$\overline{7}$	7	A CONTRACTOR OF THE CONTRACTOR	00	
8 Total additions Add entries on Lines 1—7. Enter the total here and on D-40, Line 5.	8		00	
Calculation B Subtractions from federal adjusted gross income. Fill in only those that apply.				
1 Taxable interest from US Treasury bonds and other obligations. See instructions on other side:	1		00	
2 Disability Income exclusion from DC Form D-2440; Line 10. See instructions on other side.	2		00	
3. Interest and dividend income of a child from federal Form 8814*.	3	NAME OF THE PROPERTY OF THE PR	00	
Awards, other than front and back pay, received due to unlawful     employment discrimination.	4		00	
5 Excess of DC allowable depreciation over federal allowable depreciation. See instructions.	5		00	
6 Long-term care insurance premiums paid in 2011, \$500 annual limit per person.	6.5		00	
7 Amount paid (or carried over) to DC College Savings plan in 2011 (maximum \$4,000 per person, \$8,000 for joint filers if each is an account owner). Part-year residents see instructions.	7		.00	
8 Exclusion of up to \$10,000 for DC residents (certified by the Social Security Adm. as disabled) with adjusted annual household income of less than \$100,000. See instructions.	8		00	
9 Expenditures by DC teachers for necessary classroom teaching materials, \$500 annual limit per person. See <i>instructions on other side</i> .	9		00	
10 Expenditures by DC teachers for certain tuition and fees, \$1500 annual limit per person. See instructions on other side.	10::	dament de la constant	00	
11 Loan repayment awards received by health-care professionals from DC government. See instructions on other side.		Name of the Control o	00	
12 Health-care insurance premiums paid by an employer for an employee's registered domestic partner or same sex spouse. Make no entry if the premium was deducted on your federal return, see instructions on other side.	12		00	
13 DC Poverty Lawyer Loan Assistance. See instructions on other side.	13		00	
14 Other See instructions on other side:	14	10 mm	00	
15 Military Spouse Residency Relief Act. See instructions on other side.	15		00	
16 Total subtractions. Add entries on Lines 1–15. Enter the total here and on D-40, Line 13.	16		00	





Important: Print in CAPITAL letters using black ink.
Attach to Schedule U. File Schedules N and U with your D-40.

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First name of non-custodial parent	M.I. Last name	
Address (number, street and apartment)		
City	State Zip Code + 4	ikilikarikist austoolousa
Social Security Number	Date of birth (MMDDYYYY)	
	al Earned Income Credit you may be able to claim the DC Earned Inco	me Tax Credit.
DC Non-Custodial Parent EITC Eligibility – Ple	ease complete this checklist to determine your eligibility to file Schedu	
You may claim the DC Non-Custodial Parent I	EITC only if you can answer " <u>Yes</u> " to the following questions.	
	Y	ES NO
1 Is your Federal Adjusted Gross Income for 2	2011 less than: ed domestic partners filing jointly) <u>with one</u> qualifying child?	
\$40,363 (\$45,373 if married or register	ed domestic partners filing jointly) with two qualifying children?	
\$43,352 (\$48,362 if married or register qualifying children?	ed domestic partners filing jointly) <u>with three or more</u>	
2 Were you a DC resident taxpayer during the	e year?	
3. Were you between the ages of 18 and 30 a	as of December 31, 2011?	
4. Are you a parent of a minor child(ren) with	whom you do not reside?	
5 Are you under a court order requiring you to	o make child support payments?	
6 Was the effective date of the child support	payment order on or before 6/30/2011?	
7. Did you make child support payment(s) thr	ough a government sponsored support collection unit?	
8 Did you pay all of the court ordered child s	upport due for 2011 by December 31, 2011?	
If you answered "Yes" to the above questions, Complete Schedule N and attach it, and Sche	you may claim the DC Non-Custodial Parent EITC.	
Complete Control of the Control of t		

Revised 09/2011

2011 SCHEDULE N P1 DC Non-Custodial Parent EITC Claim

1. Child's name, #1	4.00		i di Pipi Angalangan mengang kanangan pangangan pangangan pangan pangangan pangangan pangangan pangangan pangangan pangan Angalangan pangangan
Child's name, #2		ESTE SOUTH SOU	
Child's name, #3	7.50 7.50 1.50 1.50 1.50	4500 1200 1200 1200 1200 1200	
If you have more than three qualifying cl	hildren, you only need to list three to ge	t the maximum credit.	
2. Child's SSN	#2		#3
3. Child's date of birth	#1		#3
First Name 4. Custodian's name		M.I. Last Name	
Number, stre 5. Custodian's address	eet and apartment number		
City		State Zip Code + 4	
6. Custodian's SSN			
7. Location of the #1 count that ordered support payments for: #2		#3	
8. Case or Docket number for:	9. Name	of government agency to which you	make payments for:
#1	#1		
±1: ±2:	#1		
#2 #3 10. Address of #1 the government	#2		
#2 #3   10. Address of #1 }	#2		
#2 #3 10. Address of #1 the government agency for: #2 #3	#2	#3 \$ OO per mo	nth
#2  #3  10. Address of #1  the government agency for: #2  #3	#2	#3 \$ 00 per mo	nth:
#2  #3  10. Address of #1 the government agency for: #2  #3  11. Amount of #1 \$ court ordered payment #2 \$	#2 #3 OO per month		nth (MMDDYYYY)

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2011 SCHEDULE N P2

DC Non-Custodial Parent EITC Claim

